| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 OPLICATION FEE DETERMINATION RECORD ()9/107237 | | | | | | | | | | | | 7 | |
|---|--|--------|------------------------|--|-----------|----------------------------|------------------|-----------------|-------------------|------------------------|-------------------------|-------------------------|---------------------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | |
| FOR | | | NUMB | ER FILED | | NUMBER | EXTRA | RA | TE | FEE | | RATE | FEE |
| BAS | C FEE | | | | | | | | | 395.00 | OR | | 790.00 |
| TOTAL CLAIMS | | | 64 minus 20 = | | | •44 | | | 1= | | OR | x\$22= | 968 |
| INDE | PENDENT CL | AIMS | 4 | H mini | us 3 = | • [| | x4 | 1= | | OR | x82= | 82 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | | | OR | +270= | <u> </u> |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | | OR | TOTAL | 1842 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | e. | | | OR | OTHER THAN SMALL ENTITY | | |
| | | | AIMS | | | olumn 2) GHEST | (Column 3) |] | ALL | ENIIIY | OR I I | SMALL | ENIIIY |
| AMENDMENT A | | AF | AINING TER DMENT | ************************************** | PRE | JMBER VIOUSLY ID FOR | PRESENT EXTRA | RA ⁻ | ΓE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · 4 | ,4 | Minus | ** (| e4 | = | x\$1 | 1= | | OR | x\$22= | |
| | Independent | * (| 4_ | Minus | *** | 4 | = | x41 | = | | OR | x82= | |
| 1 | FIRST PRES | SENTAT | TION OF | MULTIPLE | DEPE | NDENT CL | AIM | +13 | 5= | | QR | +270= | 1 |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | TAL FEE | | OR | TOTAL ADDIT. FEE | |
| AMENDMENT B | | | NMS | | | GHEST | (Column o) | 1 | - | | | <u> </u> | |
| | 200X | AF. | NINING TER DMENT | 3 | NL PRE | JMBER VIOUSLY ID FOR | PRESENT EXTRA | RA | ΓE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | 64 | Minus | ** | 64 | = | x\$1 | 1= | | OR | x\$22= | |
| | Independent | * | 4 | Minus | *** | 4 | = | x4 1 | = | | OR | x82= | · · · · · · · · · · · · · · · · · · · |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | 5= | · · | OR | +270= | |
| (Column 1) (Column 2) (Column 3) | | | | | | | TC ADDIT. | TAL | | OR | TOTAL ADDIT. FEE | | |
| AMENDMENT C | | | AIMS | | | GHEST | | | | 4001 | | | |
| | | AF | AINING TER DMENT | | PRE | JMBER VIOUSLY ID FOR | PRESENT EXTRA | RAT | rE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | x\$1 | 1= | | OR | x\$22= | · · · |
| | Independent | * | | Minus | *** | | = | x41 | = | | OR | x82= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | 5= | | OR | +270= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

Application or Docket Number



UNTIFP STATES DEPARTMENT OF COMMERCE
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WASHINGTON OF PATENTS AND TRADEMARKS
Washington, D.C. 2021

NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THE FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09/107237

Total Fee Calculation

| : | Fee Code | Total = Claims | Number Extra X | Fœ | <u> </u> | Total | | | | |
|---------------------------------------|----------|-------------------|-------------------|-------------|------------|----------|--|--|--|--|
| | Sm./Lg | | | Sm. Entity | Lg. Entity | | | | | |
| Basic Filing Fæ | 201/101 | | | | 101 | 790 | | | | |
| Total Claims >20 | 203/103 | 64 -20 = | <u>44</u> x | | 22 | 968 | | | | |
| Independent Claims >3 | 202/102 | <u> </u> | _/ x | | 82 | 28 | | | | |
| Mult. Dep Claim Present | 204/104 | | | | | <u> </u> | | | | |
| Surcharge | 205/105 | | | | 105 | 130 | | | | |
| English Translation | 139 | | | | <u> </u> | | | | | |
| TOTAL FEE CALCULA | NOTT | | | | · | 1970 | | | | |
| Fees due upon filing the application: | | | | | | | | | | |
| Total Filing Fees Due = \$ 1970.00 | | | | | | | | | | |
| Less Filing Fees Submitted - \$ | | | | | | | | | | |

Office of Initial Parent Examination

BALANCE DUE